

Niagara County Employment & Training Young Adult Employment Program OUT of SCHOOL
TROTT Access Center 1001 11th St., Niagara Falls, NY 14301 716-278-8582

Operation Job Search – Niagara County’s Young Adult Employment Opportunities Program

- **16-24 yrs old NOT attending high school or college**
- **16-24 yrs old ARE attending Test Assessing Secondary Completion (TASC) Classes or Job Corps**

The Year Round Young Adult Program is a WIOA funded program that provides eligible Niagara County Residents, ages, 16-24 with assistance in completing an educational program and/or securing and maintaining employment.

The goals of the program are to assist participants with:

- Obtaining unsubsidized employment
- Enrolling in TASC class or post secondary education
- Attaining a degree or certificate
- Increasing literacy & numeracy

-If you do not have your High School Diploma, TASC or General Education Diploma (GED), you must enroll and attend TASC class.

-All participants must take the Test of Adult Basic Education in order to establish a current literacy level.

Opportunities for Participants

Gain Hands on Experience earn up to \$1,750 – We are able to provide a paid work experience to most of our Out of School participants. To be eligible for a work experience you must demonstrate that you are able to accomplish some work readiness skills and have at least 90% attendance if you are enrolled in TASC class. You must also agree to meet with a counselor bi-weekly and to conduct a regular job search, verifying that you have applied for at least two jobs per week. All work experience participants must pass a pre-employment physical & drug screen, paid for by Niagara County Employment & Training. Your interests and skills will be evaluated to determine the best worksite for you. You will be paid New York State minimum wage of \$8.75 an hour.

One-on-One Assistance – with **job search, resume, cover letter & thank you letter writing**, defining **soft skills** employers look for, and how to **interview and make a good impression**.

Earn up to \$350 for –Weekly job search, finding a job, enrolling in college, obtaining workplace certifications

How do I apply?

Complete the attached application as thoroughly as possible.

Additional applications are available at Niagara County One-Stop Centers and online at www.worksource1.com.

Applications can be mailed or returned in person to the address above.

Monday – Friday, between the hours of **8:30am – 3:30pm**. You will also need the following documents:

- Proof of Date of Birth: Birth Certificate or ID issued by Department of Motor Vehicle or Social Service Record
- Photo ID (Copy)
- Proof of Address
- Males who are 18 years of age or older must present evidence that they have registered for Selective Service in compliance with Section 3 of the military Selective Service Act. Registration verification can be found at the Selective Service website: www.sss.gov/RegVer/wfVerification.aspx
- **Depending on your situation, proof of income and additional documents may be requested.**

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Name: _____ Social Security # _____ Date of Birth _____ Age _____

Address: _____ Registered with Selective Service? (Males 18 and over)

Street _____ City _____ Zipcode _____ Yes Sel. Service # _____ No

Phone Number _____ Message Number _____

E-Mail _____@_____.com Facebook _____

How did you hear about this opportunity? _____

How do you think this opportunity can assist you? _____

What have you accomplished in your life that you are most proud of? _____

Are you employed now? Yes No If you have worked please list the job(s) below:

Business Name _____ Dates Worked _____ to _____

Address _____

Street _____ City _____ State _____ Zip Code _____

Job Title _____

Job Duties (Include Tools & Machines Used) _____

Reason for Leaving _____

Still willing to accept employment in this field? Yes No If no, why not? _____

Business Name _____ Dates Worked _____ to _____

Address _____

Street _____ City _____ State _____ Zip Code _____

Job Title _____

Job Duties (Include Tools & Machines Used) _____

Reason for Leaving _____

Still willing to accept employment in this field? Yes No If no, why not? _____

CHECK ALL THAT APPLY

School Status:

Not In-School Graduated Year _____ Dropped out Year _____

In School Attending Job Corps TASC(if attending High School or College, use in-school application)

Barriers (Applicant must have one or more barriers):

- A school dropout
- Is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter
- Subject to the juvenile or adult justice system
- Homeless (lacking a fixed, regular, and adequate nighttime residence, lives in a primary nighttime residence that is (a) a supervised publicly or privately operated shelter; (b) an institution that provides temporary residence for individuals intended to be institutionalized; or (c) public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings)
- A foster child on behalf of whom State or Local governments are paid or has aged out of the foster care system
- Pregnant or parenting
- *Is an individual with a disability (has to be low income – go to **Low Income** section if using this for eligibility)
- *A recipient of a secondary school diploma or its recognized equivalent and is basic skills deficient(determined after taking the TABE) (has to be low income – go to **Low Income** section if using this for eligibility)
- *A recipient of a secondary school diploma or its recognized equivalent and is an English language learner (has to be low income – go to **Low Income** section if using this for eligibility)
- *Requires additional assistance to enter or complete an educational program or to secure or hold employment (has to be low income – go to **Low Income** section if using this for eligibility)

Low Income Eligibility (only required for the last four Barriers listed above):

- TANF
- General Assistance (State/Local)
Specify: _____
- RCA – Refugee Cash Assistance
- Social Security Insurance (SSI)
- Lives in a high poverty area (Employment & Training will make this determination based on your address)
- SNAP
- Medicaid
- Homeless (as defined under the **Barriers** section of this document)
- Receives or is eligible to receive a free or reduced price lunch
- Is a foster child
- Has a disability (youth's income would count as a family size of 1)

OVER PLEASE

FAMILY HOUSEHOLD INCOME WORKSHEET (only required if using the Poverty Level, LLSIL or family size of 1 for youth with disabilities to prove low income)

REQUIRED TIME PERIOD ** 6 MONTHS PRECEDING APPLICATION

Participant Family Household Size: _____ <input type="checkbox"/> Check if Participant is Disabled (Family of One)	INCLUDED INCOME	EXCLUDED INCOME
	Gross Wages	U.I.
	Retirement/Pension/Military Retirement	Public Assistance
	Alimony	Child Support
STAFF use only: Enter the 70% LLSIL or Poverty Level for the Family Size below: (STAFF: use the higher of the current LLSIL or poverty chart) _____	Workmen's Comp	S.S.I.
	Black Lung Benefits	S.S.D.I.
	Rental Income	S.S. Survivor
		Military pay and allowances received by a family member on active duty

Family Member Name (only list members in the same household)	Relationship	Income For The Past Six Months
1.	SELF	
2.		
3.		
4.		
5.		
6.		
Total Family Income For The Past Six Months =		_____
Annualized (multiply by 2)=		_____

Applicant:

*I give permission for the **Niagara County Employment & Training Youth Employment Program** to contact my school to obtain additional information including: report card, graduation information, IEP, college, employment etc. I give the Niagara County Employment & Training Department permission to verify my Selective Service Registration. I also give the Niagara County Employment & Training Department permission to verify my case number, cash and food stamp amounts, opening date, address, and/or date of birth, through contact with Niagara County Department of Social Services. I attest that the information I have provided is true and correct to the best of my knowledge.*

Applicant Signature

Date

Parent/Guardian: Must Sign if Applicant is under 18

*I give permission for my child to participate in the **Niagara County Employment & Training Youth Employment Program**, and for the program to contact my child's school to obtain additional information including: report card, graduation information, IEP, college, employment etc. I also give the Niagara County Employment & Training Department permission to verify my and/or child's case number, cash and food stamp amounts, opening date, address, and/or date of birth, through contact with Niagara County Department of Social Services. I attest that the information I have provided is true and correct to the best of my knowledge.*

Parent/Guardian Signature

Date

COMPLETION OF THIS FORM DOES NOT INDICATE ACCEPTANCE INTO PROGRAM